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Bib Data Sheet

CONFIRMATION NO. 7569

SERIAL NUMBER 10/689,783	FILING DATE 10/21/2003 RULE	CLASS 156	GROUP ART UNIT 1763	ATTORNEY DOCKET NO. AMAT/8348/MASK/ETEC/ARNOL
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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

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TITLE

Mask etch processing apparatus

FILING FEE RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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